

Registration District No.

Primary Registration District No.

1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Children's Mercy Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 hrs 19 hours  
(Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Norma Louise Walker

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive years \_\_\_\_\_

7. Birth date of deceased Dec 9 1931  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
9 9 11 20 hr. min.

9. Birthplace No Kansas City Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation School child

11. Industry or business \_\_\_\_\_

12. Name Lexa Walker

13. Birthplace Terre Haute Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Edith Walker

15. Birthplace No City Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Lexa Walker

(b) Address No City Mo

17. (a) Burial (b) Date thereof Dec 2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Morton Funeral Home

(b) Address No Kansas City Mo

19. (a) 12/1/41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. No. City - Mo  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29  
year 1941 hour 1 minute 7 P.M.

21. I hereby certify that I attended the deceased from Nov 29  
1941 to Nov 29 1941  
that I last saw her alive on Nov 29 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Coronary decompensation  
Rheumatic Heart Disease  
Myocarditis & Aortic Aneurysm  
Myocarditis

Other conditions (Include pregnancy within 3 months of death) 92 B

Major findings: Of operations \_\_\_\_\_

Of autopsy Same

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature M. M. Brown (M. D. or other) \_\_\_\_\_  
Address 1316 Prof Bldg Date signed \_\_\_\_\_

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Harold L. Pearson*

Licensed Embalmer No. 3605

P. O. Address. North 14th Ave

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**